

# Building a movement for advancing towards the next generation of immunization supply chains



TechNet Day 1 | 16 October

[www.gavi.org](http://www.gavi.org)

# There are several types of problems

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## Simple

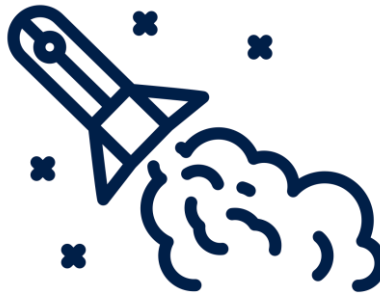
*step-by-step recipes*



*...baking a cake*

## Complicated

*technical solutions*



*...building a rocket  
to send to the moon*

## Complex

*emergent systems*



*...raising a child*

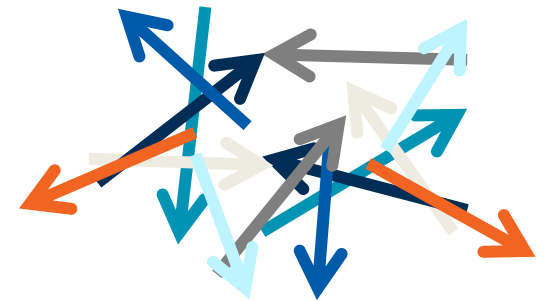
***Traditional approaches to social change are  
not solving our most complex problems***

# Traditional approaches are not solving our most complex social problems

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- Funders select **individual grantees**
- Organisations **work separately** and **compete**
- Corporate and government sectors are often **disconnected** from donors and NGOs
- **Evaluation** attempts to **isolate** a particular organisation's impact
- Large scale change is assumed to depend on **scaling organisations**

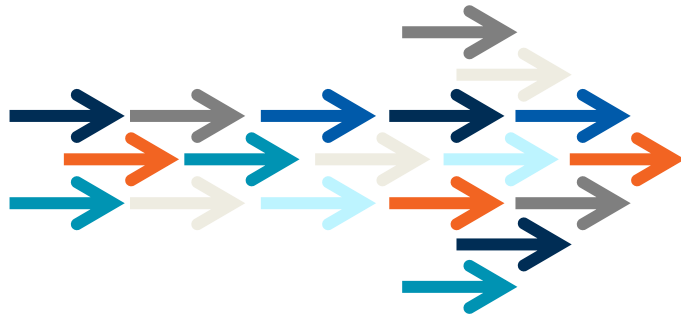
## Isolated Impact



# Imagine a different approach – multiple players working together to solve complex issues

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## Collective Impact



- Understand that social problems – and their solutions – arise from **interaction of many organisations within larger system**
- **Cross-sector alignment** with government, non-profit, philanthropic and corporate sectors as partners
- **Organisations actively coordinating** their action and sharing lessons learned
- All working toward the **same goal and measuring the same things**

# All of these efforts share key characteristics

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Designed for  
**OUTCOMES AT SCALE**

Population-level change

Aimed at  
**SYSTEMS CHANGE**

Shifting policies, funding flows, or social norms to create lasting change

Anchored in  
**ROOT CAUSES**

Addressing structural inequity

# Collective impact principles help operationalize systems change at scale...and can be seen in iSC

## *Principles of collective impact...*

## *...applied to immunization supply chains*



**Common agenda**



Comprehensive Multi-Year Plan (cMYP)



**Shared measurement**



EVM & iSC Indicators



**Mutually reinforcing activities**



Annual EPI Workplan



**Continuous communication**



Regular Dialogue  
(e.g., Immunization  
Logistics Working Group)



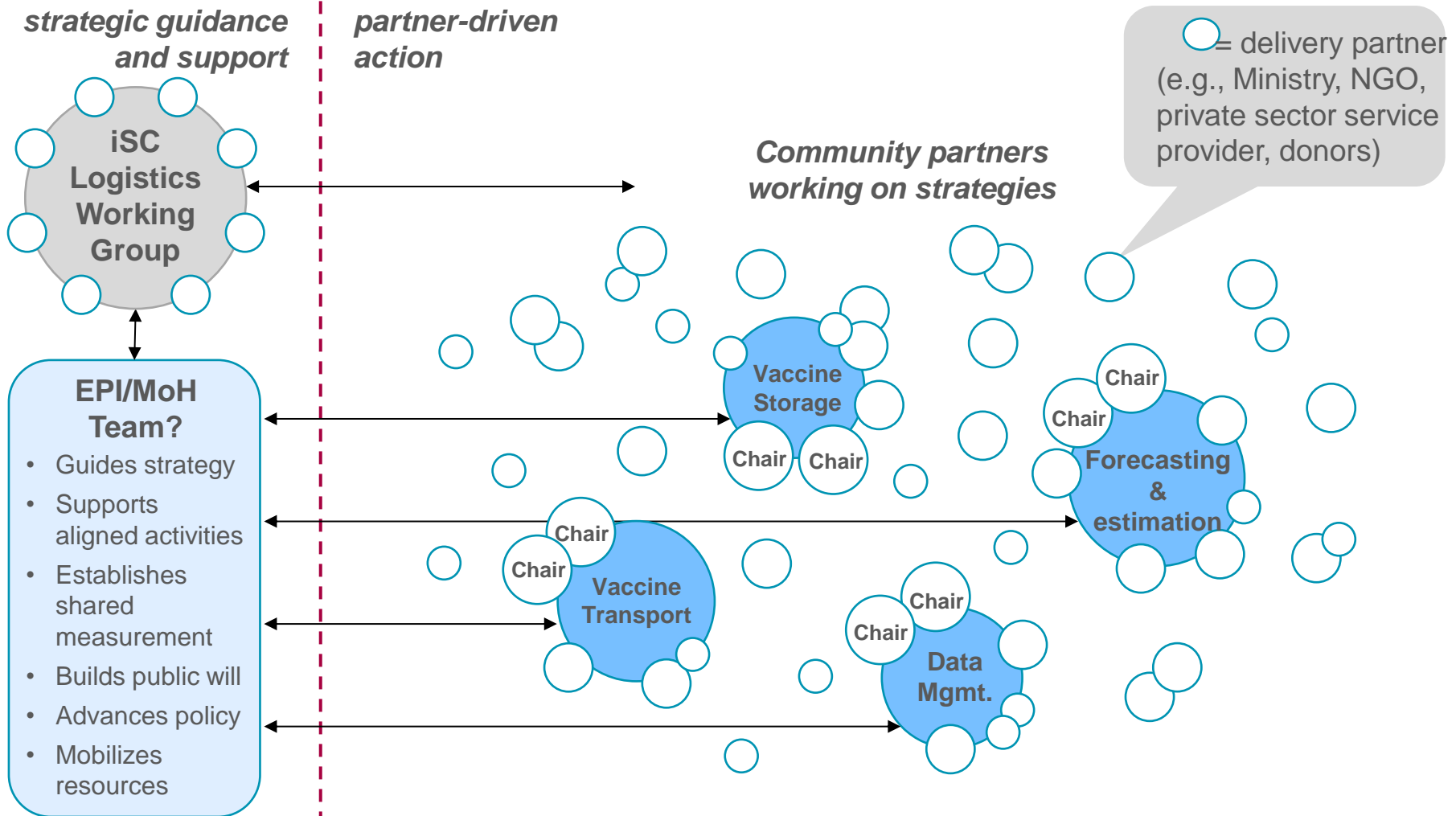
**Backbone support**



EPI Team/MoH?

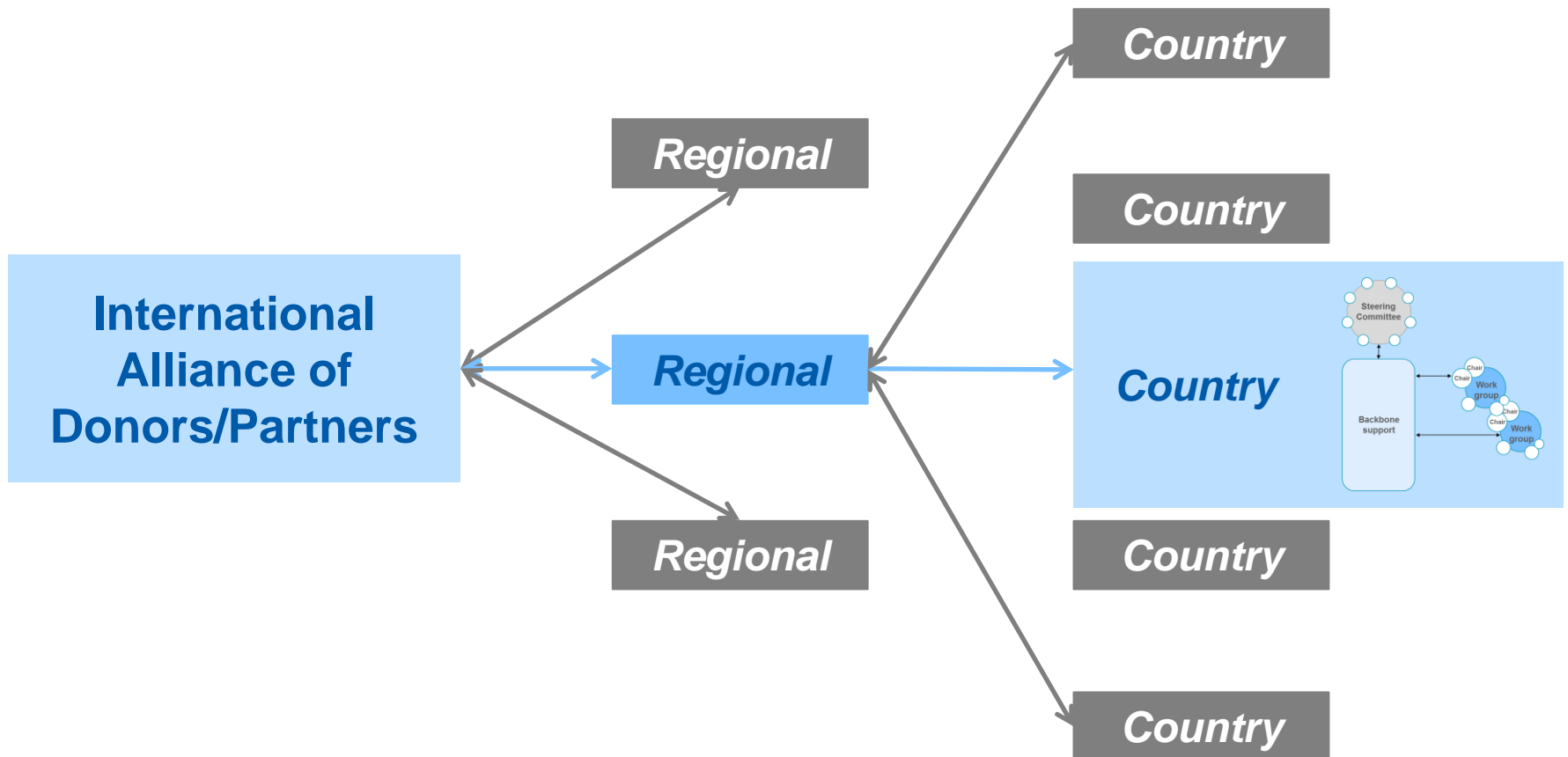
# Collective impact in action looks like this... *but how do you get there?*

## cMYP and Shared iSC Indicators



# Collective impact with global and local coordination can look like this

## Common Agenda and Shared Metrics





# For a collective impact approach to work, there needs to be a “readiness” for doing things differently

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**Influential  
Champions**



**Urgency for  
Change**



**Basis for  
Collaboration**



**Availability of  
Resources**

# As you all go back to your day jobs, remember there are several **pitfalls** in collective impact to avoid

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Rushing through the common agenda development process



Not allowing disparate views at the table



Not celebrating quick wins along the way



Self-declaring as a backbone



Confusing program collaboration with systems change



Not embracing that collective impact means *doing things differently*

# Panel Discussion

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- **Dr. Tariku Berhanu**, Health Officer, UNICEF, Ethiopia
- **Mr Brian Atuhaire**, PATH, Program Officer Immunization Supply Chain, Uganda
- **Dr. Francis Mwanza**, National Expanded Programme on Immunization Manager, MoH, Zambia
- **Ms. Cheryl Rudd Mallaghan**, Deputy Director of the Centre for Infectious Disease Research in Zambia
- Moderator: Laura Herman, Managing Director, FSG